

Fill in this information to identify your case:

Debtor 1	Keith P. Williams		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jacqueline A. Williams		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	17-35341		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 284,900.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 284,900.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 62,398.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 347,298.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 400,286.68
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 400,286.68
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 15,937.16
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 15,937.16
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 126,893.00
		Your total liabilities \$ 543,116.84

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 9,235.15
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 9,235.15
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 7,005.15
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 7,005.15

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	11,388.87
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 15,937.16
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 78,118.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 94,055.16

Fill in this information to identify your case and this filing:

Debtor 1	Keith P. Williams	
	First Name	Middle Name
Debtor 2	Jacqueline A. Williams	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA		
Case number	17-35341	

Check if this is an amended filing

Official Form 106A/B**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.

Yes. Where is the property?

1.1

443 Hanover Road

Street address, if available, or other description

Sandston	VA	23150-0000
City	State	ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$284,900.00

Current value of the portion you own?

\$284,900.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Sole

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Current Market Analysis - \$284,900 September 2017
Tax Assessment - \$288,700
Zillow Range - \$302,000 - \$334,000

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**\$284,900.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No
 Yes

3.1 Make: **Nissan**
 Model: **Pathfinder**
 Year: **2016**
 Approximate mileage: **35,000**
 Other information:
Adequate protection

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$25,175.00 **\$25,175.00**

3.2 Make: **Nissan**
 Model: **Sentra**
 Year: **2014**
 Approximate mileage: **95,000**
 Other information:
Adequate protection

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$9,200.00 **\$9,200.00**

3.3 Make: **Ford**
 Model: **Mustang GT**
 Year: **2007**
 Approximate mileage: **60,000**
 Other information:
Adequate protection

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$11,575.00 **\$11,575.00**

3.4 Make: **Ford**
 Model: **Mustang**
 Year: **2007**
 Approximate mileage: **195,000**
 Other information:
Value KBB NO LIENS

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$500.00 **\$500.00**

3.5 Make: **Ford**
 Model: **Mustang**
 Year: **2002**
 Approximate mileage: **187,000**
 Other information:
NO LIENS

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$2,058.00 **\$2,058.00**

Debtor 1 **Keith P. Williams**
 Debtor 2 **Jacqueline A. Williams**

Case number (if known) **17-35341**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$48,508.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?
 Do not deduct secured claims or exemptions.**

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

Household Goods

\$5,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

4 TVs, laptop, 4 cell phones

\$1,000.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe.....

Treadmill

\$50.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No
 Yes. Describe.....

Clothes

\$600.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- No

Debtor 1 **Keith P. Williams**
 Debtor 2 **Jacqueline A. Williams**

Case number (if known) **17-35341**

Yes. Describe.....

Wedding and Engagement Rings

\$700.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

Dog

\$20.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$7,370.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

**Cash -
Approx.**

\$20.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

**Bank of America Checking Account ending
7289 - \$2,000**

17.1. Bank Account

\$2,000.00

Bank of America Savings Account - \$0

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341****21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

Vanguard 401K**\$3,000.00****403B****City of Richmond 403B opened February 2017
(approximately)****\$1,500.00****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341****31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Employer Group Term Life Insurance
policy NO Cash Value****Keith Williams,
beneficiary****\$0.00****Group Life insurance on the life of
Keith Williams****Jacqueline Williams,
wife (she is also the
owner of the policy)****\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**NO Potential claims or lawsuits****\$0.00****34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$6,520.00**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2		\$284,900.00
56. Part 2: Total vehicles, line 5	\$48,508.00	
57. Part 3: Total personal and household items, line 15	\$7,370.00	
58. Part 4: Total financial assets, line 36	\$6,520.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$62,398.00	Copy personal property total \$62,398.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$347,298.00

Fill in this information to identify your case:

Debtor 1	Keith P. Williams		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)	<u>17-35341</u>		

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	

Debtor 1 Exemptions

2007 Ford Mustang 195,000 miles Value KBB NO LIENS Line from Schedule A/B: 3.4	\$500.00	<input checked="" type="checkbox"/> 50% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(8)
2002 Ford Mustang 187,000 miles NO LIENS Line from Schedule A/B: 3.5	\$2,058.00	<input checked="" type="checkbox"/> 50% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(8)
Household Goods Line from Schedule A/B: 6.1	\$5,000.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
4 TVs, laptop, 4 cell phones Line from Schedule A/B: 7.1	\$1,000.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Clothes Line from Schedule A/B: 11.1	\$600.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Wedding and Engagement Rings Line from Schedule A/B: 12.1	<u>\$700.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(1a)
Dog Line from Schedule A/B: 13.1	<u>\$20.00</u>	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(5)
Vanguard 401K Line from Schedule A/B: 21.1	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-34 100% of Fair Market Value not to exceed exemption limits
Employer Group Term Life Insurance policy NO Cash Value Beneficiary: Keith Williams, beneficiary Line from Schedule A/B: 31.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 38.2-3122 100% of Fair Market Value

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

Fill in this information to identify your case:

Debtor 1

First Name Middle Name Last Name

Debtor 2

Jacqueline A. Williams

(Spouse if, filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 17-35341

(if known)

 Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

Debtor 2 Exemptions

2007 Ford Mustang 195,000 miles Value KBB NO LIENS Line from <i>Schedule A/B</i> : 3.4	\$500.00	<input checked="" type="checkbox"/> \$250.00	Va. Code Ann. § 34-26(8)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
2002 Ford Mustang 187,000 miles NO LIENS Line from <i>Schedule A/B</i> : 3.5	\$2,058.00	<input checked="" type="checkbox"/> \$1,029.00	Va. Code Ann. § 34-26(8)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Household Goods Line from <i>Schedule A/B</i> : 6.1	\$5,000.00	<input checked="" type="checkbox"/> \$2,500.00	Va. Code Ann. § 34-26(4a)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
4 TVs, laptop, 4 cell phones Line from <i>Schedule A/B</i> : 7.1	\$1,000.00	<input checked="" type="checkbox"/> \$500.00	Va. Code Ann. § 34-26(4a)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Clothes Line from <i>Schedule A/B</i> : 11.1	\$600.00	<input checked="" type="checkbox"/> \$300.00	Va. Code Ann. § 34-26(4)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Wedding and Engagement Rings Line from Schedule A/B: 12.1	\$700.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(1a)
Dog Line from Schedule A/B: 13.1	\$20.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

Debtor 1	Keith P. Williams		
	First Name	Middle Name	Last Name
Debtor 2	Jacqueline A. Williams		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)	<u>17-35341</u>		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Andrews Federal Credit Union Creditor's Name	Describe the property that secures the claim: 2007 Ford Mustang GT 60,000 miles Adequate protection	\$13,048.78	\$11,575.00
	5711 Allentown Rd Suitland, MD 20746 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Title (POC)	\$1,473.78

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Opened
05/16 Last
Active
Date debt was incurred **9/19/17**

Last 4 digits of account number **0100**

2.2	Exeter Finance Corp Creditor's Name	Describe the property that secures the claim: 2014 Nissan Sentra 95,000 miles Adequate protection	\$16,815.00	\$9,200.00	\$7,615.00
	Po Box 166097 Irving, TX 75016 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit		

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Debtor 1 Keith P. Williams	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____	17-35341
Debtor 2 Jacqueline A. Williams	First Name _____	Middle Name _____	Last Name _____		
<input type="checkbox"/> Check if this claim relates to a community debt		<input checked="" type="checkbox"/> Other (including a right to offset)		Title _____	
Opened 10/14 Last Active 09/17					
Date debt was incurred	Last 4 digits of account number		1001		
<hr/>					
2.3 Household Finance Corp. of VA	Describe the property that secures the claim: 443 Hanover Road Sandston, VA 23150 Henrico		\$38,000.00	\$284,900.00	\$38,000.00
Creditor's Name					
PO Box 4153 Carol Stream, IL 60197-4153	As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)				
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit				
<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other (including a right to offset) Second Mortgage				
<input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred	Last 4 digits of account number				
<hr/>					
2.4 Nissan Motor Acceptanc	Describe the property that secures the claim: 2016 Nissan Pathfinder 35,000 miles Adequate protection		\$42,317.61	\$25,175.00	\$17,142.61
Creditor's Name					
Po Box 660360 Dallas, TX 75266	As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)				
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit				
<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other (including a right to offset) Title (POC)				
<input type="checkbox"/> Check if this claim relates to a community debt					
Opened 04/16 Last Active 09/17		Last 4 digits of account number		0001	
<hr/>					
2.5 Richmond Cardiology Assoc.	Describe the property that secures the claim: 443 Hanover Road Sandston, VA 23150 Henrico		\$825.00	\$284,900.00	\$825.00
Creditor's Name					
8243 Meadowbridge Rd Mechanicsville, VA 23116	As of the date you file, the claim is: Check all that apply.				
Number, Street, City, State & Zip Code	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				

Debtor 1 Keith P. Williams

First Name Middle Name Last Name

Case number (if known)

17-35341**Debtor 2 Jacqueline A. Williams**

First Name Middle Name Last Name

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

 An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit Other (including a right to offset) **Judgment Lien 11/14/2011**

Date debt was incurred _____

Last 4 digits of account number _____

2.6 RNR Tires & Wheels

Creditor's Name

Describe the property that secures the claim:

\$1,800.00**Unknown****Unknown****Wheels & Tires****7601 W Broad St
Henrico, VA 23294**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

2016 Ends

Date debt was incurred

May 2018Last 4 digits of account number **0472****2.7 Specialized Loan Servicing**

Creditor's Name

Describe the property that secures the claim:

\$287,480.29**\$284,900.00****\$2,580.29****443 Hanover Road Sandston, VA
23150 Henrico****8742 Lucent Blvd Ste 300
Littleton, CO 80129**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Deed of Trust (POC)**

Date debt was incurred **2006**

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$400,286.68If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:**\$400,286.68****Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debtor 1 **Keith P. Williams**

First Name Middle Name Last Name

Case number (if known)

17-35341

Debtor 2 **Jacqueline A. Williams**

First Name Middle Name Last Name



Name, Number, Street, City, State & Zip Code

Andrews Federal Credit Union
Andrews Federal Credit Union
Po Box 3000
Clinton, MD 20735

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number ____



Name, Number, Street, City, State & Zip Code

Caudle & Caudle PC
3123 W Broad St
Richmond, VA 23230

On which line in Part 1 did you enter the creditor? **2.5**

Last 4 digits of account number ____



Name, Number, Street, City, State & Zip Code

Exeter Finance Corp
Po Box 166008
Irving, TX 75016

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number ____



Name, Number, Street, City, State & Zip Code

Household Finance Corp. of VA
CT Corporation System
4701 Cox Road, Suite 285
Glen Allen, VA 23060

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number ____



Name, Number, Street, City, State & Zip Code

Richmond Cardiology Assoc, Inc
Mark A. Fleckenstein, Reg Agen
311 South Boulevard
Richmond, VA 23220

On which line in Part 1 did you enter the creditor? **2.5**

Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1	Keith P. Williams		
	First Name	Middle Name	Last Name
Debtor 2	Jacqueline A. Williams		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)	<u>17-35341</u>		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Commonwealth of VA-Tax Priority Creditor's Name P.O. Box 2156 Richmond, VA 23218-2156 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00
		When was the debt incurred?		

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Tax year??? Notice????

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

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2.2	Internal Revenue Service Priority Creditor's Name Centralized Insolvency Unit P O Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number 0472	\$15,937.16	\$15,937.16	\$0.00
		When was the debt incurred? 2015			
	As of the date you file, the claim is: Check all that apply				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Type of PRIORITY unsecured claim:				
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Tax year 2014 - Debtors believe they will owe for 2016.				

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim	
	Affirm Inc Nonpriority Creditor's Name 633 Folsom St Fl 7 San Francisco, CA 94107 Number Street City State Zip Code	Last 4 digits of account number TME8	\$2,000.00
		When was the debt incurred? Opened 03/17 Last Active 7/20/17	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured		

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

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4.2	AT&T Mobility Nonpriority Creditor's Name	Last 4 digits of account number	8671	\$2,079.00
	PO Box 6463 Carol Stream, IL 60197 Number Street City State Zip Code	When was the debt incurred?	Opened 11/16 Last Active 12/12	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	Service - She does not believe she owes this. This may be the result of identity theft. <input checked="" type="checkbox"/> Other. Specify Account Balance			
4.3	Banfield Pet Hospital Nonpriority Creditor's Name Attn: Billing & Collections PO Box 13998 Portland, OR 97213 Number Street City State Zip Code	Last 4 digits of account number	6001	\$84.00
		When was the debt incurred?	Opened 01/15 Last Active 08/14	
	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
4.4	Barclays Bank Delaware Nonpriority Creditor's Name Po Box 8803 Wilmington, DE 19899 Number Street City State Zip Code	Last 4 digits of account number	3702	\$465.00
		When was the debt incurred?	Opened 02/16 Last Active 10/06/17	
	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	Other. Specify Credit Card			

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

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4.5	Bon Secours Nonpriority Creditor's Name P.O. Box 28538 Richmond, VA 23228 Number Street City State Zip Code	Last 4 digits of account number 4419 When was the debt incurred? Opened 8/31/11 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical bills	\$150.00
4.6	Bon Secours Nonpriority Creditor's Name Richmond Health System PO Box 11302 Richmond, VA 23230 Number Street City State Zip Code	Last 4 digits of account number 6717 When was the debt incurred? Opened 12/03/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$2,203.00
4.7	Capital One Nonpriority Creditor's Name Po Box 30253 Salt Lake City, UT 84130 Number Street City State Zip Code	Last 4 digits of account number 2427 When was the debt incurred? Opened 4/13/16 Last Active 8/17/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$421.00

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

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4.8	Capital One Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238 Number Street City State Zip Code	Last 4 digits of account number 6923	\$2,337.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 02/16 Last Active 10/17	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

4.9	Capital One Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238 Number Street City State Zip Code	Last 4 digits of account number 3621	\$2,533.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 07/11 Last Active 08/16	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

4.1 0	Capital One Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238 Number Street City State Zip Code	Last 4 digits of account number 9002	\$376.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 04/16 Last Active 10/06/17	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

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4.1 1	<p>Cardworks/CW Nexus Nonpriority Creditor's Name</p> <p>Po Box 9201 Old Bethpage, NY 11804</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4046</p> <p>When was the debt incurred? Opened 08/17 Last Active 9/22/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$529.00
4.1 2	<p>CJW Medical Center Nonpriority Creditor's Name</p> <p>P. O. Box 99400 Louisville, KY 40269</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5101</p> <p>When was the debt incurred? Opened 5/21/13</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	\$250.00
4.1 3	<p>Comcast Nonpriority Creditor's Name</p> <p>5401 Staples Mill Road Richmond, VA 23228</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0563</p> <p>When was the debt incurred? Opened 9/03/15 Last Active 02/13</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Service</p>	\$657.00

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

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4.1 4	<p>Comenity Capital Bank Nonpriority Creditor's Name</p> <p>PO Box 182025 Columbus, OH 43218</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5969</p> <p>When was the debt incurred? Opened 05/16 Last Active 9/08/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$5,428.00
4.1 5	<p>Credit First National Assoc Nonpriority Creditor's Name</p> <p>6275 Eastland Rd Brookpark, OH 44142</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0263</p> <p>When was the debt incurred? Opened 07/15 Last Active 10/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$1,063.00
4.1 6	<p>Credit One Bank Na Nonpriority Creditor's Name</p> <p>Po Box 98875 Las Vegas, NV 89193</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6443</p> <p>When was the debt incurred? Opened 12/16 Last Active 9/22/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$408.00

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

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4.1 7	<p>DIRECTV Nonpriority Creditor's Name</p> <p>P.O. Box 11732 Newark, NJ 07101</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6176</p> <p>When was the debt incurred? Opened 12/16 Last Active 08/11</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Service</p>	\$322.00
4.1 8	<p>Fingerhut Nonpriority Creditor's Name</p> <p>6250 Ridgewood Rd Saint Cloud, MN 56303</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8694</p> <p>When was the debt incurred? Opened 12/15 Last Active 01/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Installment Sales Contract</p>	\$230.00
4.1 9	<p>Fst Premier Nonpriority Creditor's Name</p> <p>601 S Minnesota Ave Sioux Falls, SD 57104</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2711</p> <p>When was the debt incurred? Opened 02/13 Last Active 07/15</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$671.00

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

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4.2 0	Fst Premier Nonpriority Creditor's Name	Last 4 digits of account number	9216	\$858.00
	601 S Minnesota Ave Sioux Falls, SD 57104 Number Street City State Zip Code	When was the debt incurred?	Opened 01/14 Last Active 09/16	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Credit Card		
4.2 1	Fst Premier Nonpriority Creditor's Name	Last 4 digits of account number	1247	\$1,098.00
	601 S Minnesota Ave Sioux Falls, SD 57104 Number Street City State Zip Code	When was the debt incurred?	Opened 07/12 Last Active 08/16	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Credit Card		
4.2 2	Fst Premier Nonpriority Creditor's Name	Last 4 digits of account number	5795	\$637.00
	601 S Minnesota Ave Sioux Falls, SD 57104 Number Street City State Zip Code	When was the debt incurred?	Opened 04/14 Last Active 07/15	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Credit Card		

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

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4.2 3	Gentle Breeze Loans Nonpriority Creditor's Name	Last 4 digits of account number	2601	\$399.00
	P.O. Box 1120 Boulevard, CA 91905 Number Street City State Zip Code	When was the debt incurred?	Opened 4/07/17 Last Active 10/11	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify Account Balance		
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.2 4	Ginnys/Swiss Colony Inc Nonpriority Creditor's Name	Last 4 digits of account number	3630	\$205.00
	1112 7th Ave Monroe, WI 53566 Number Street City State Zip Code	When was the debt incurred?	Opened 08/12 Last Active 1/09/13	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify Charge Account		
4.2 5	Glenside Medical Associates Nonpriority Creditor's Name	Last 4 digits of account number	Unknown	
	4000-A Glenside Drive Richmond, VA 23228 Number Street City State Zip Code	When was the debt incurred?		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify Medical		
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

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4.2 6	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number 8466	\$582.00
N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 Number Street City State Zip Code		When was the debt incurred? Opened 04/15 Last Active 10/12/17	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Charge Account			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account			
Kohls/Capital One Nonpriority Creditor's Name		Last 4 digits of account number 9992	\$209.00
N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 Number Street City State Zip Code		When was the debt incurred? Opened 12/15 Last Active 9/14/17	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Charge Account			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account			
Memorial Regional Med Center Nonpriority Creditor's Name		Last 4 digits of account number 4146	\$791.00
P.O. Box 409438 Atlanta, GA 30384-9438 Number Street City State Zip Code		When was the debt incurred? Opened 05/17 Last Active 11/15	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Medical			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical			

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

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4.2 9	Mid America Bk/total C Nonpriority Creditor's Name 5109 S Broadband Ln Sioux Falls, SD 57108 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3279 When was the debt incurred? Opened 10/17 Last Active 10/20/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$232.00
4.3 0	Midnight Velvet Nonpriority Creditor's Name 1112 7th Ave Monroe, WI 53566 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3290 When was the debt incurred? Opened 04/12 Last Active 1/09/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$695.00
4.3 1	Mohela/Dept of Ed Nonpriority Creditor's Name 633 Spirit Dr Chesterfield, MO 63005 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0010 When was the debt incurred? Opened 08/17 Last Active 9/30/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational - No Chapter 13 Payment	\$47,967.00

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

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**4.3
2**

Navient Nonpriority Creditor's Name	Last 4 digits of account number	0418	\$15,765.00
Po Box 9500 Wilkes Barre, PA 18773	When was the debt incurred?	Opened 04/03 Last Active 9/30/17	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Educational - No Chapter 13 Payment

**4.3
3**

Navient Nonpriority Creditor's Name	Last 4 digits of account number	0306	\$11,190.00
Po Box 9500 Wilkes Barre, PA 18773	When was the debt incurred?	Opened 03/00 Last Active 9/30/17	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input checked="" type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Educational - No Chapter 13 Payment

**4.3
4**

Net Credit Financial Nonpriority Creditor's Name	Last 4 digits of account number	5651	\$835.00
200 W Jackson Blvd Ste 2 Chicago, IL 60606	When was the debt incurred?	Opened 01/13 Last Active 3/15/13	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured - No Chapter 13 Payment		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

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4.3 5	Rep/build Nonpriority Creditor's Name Po Box 9203 Old Bethpage, NY 11804 Number Street City State Zip Code	Last 4 digits of account number 5029 When was the debt incurred? Opened 5/12/17 Last Active 9/28/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$498.00
4.3 6	Richmond Gastroenterology Asso Nonpriority Creditor's Name 5875 Bremo Rd #601 Richmond, VA 23226 Number Street City State Zip Code	Last 4 digits of account number 3475 When was the debt incurred? Opened 09/12 Last Active 05/12 As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Medical Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.00
4.3 7	Richmond Gastroenterology Asso Nonpriority Creditor's Name 107 Wadsworth Drive Richmond, VA 23236-4521 Number Street City State Zip Code	Last 4 digits of account number 3475 When was the debt incurred? Opened 09/13 Last Active 05/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Medical Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

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4.3 8	<p>Richmond Gastroenterology Asso Nonpriority Creditor's Name</p> <p>107 Wadsworth Drive Richmond, VA 23236-4521</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 475A</p> <p>When was the debt incurred? Opened 10/14 Last Active 05/14</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	\$812.00
4.3 9	<p>Southside Regional Med Center Nonpriority Creditor's Name</p> <p>Attention: Bankruptcy Dept. PO Box 501128 Saint Louis, MO 63150</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3397</p> <p>When was the debt incurred? Opened 12/16 Last Active 10/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	\$14,864.00
4.4 0	<p>St Mary's Hospital Nonpriority Creditor's Name</p> <p>P.O. Box 1838 Columbus, OH 43216</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2150</p> <p>When was the debt incurred? Opened 05/17 Last Active 12/15</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	\$239.00

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

17-35341

4.4 1	<p>Synchrony Bank Nonpriority Creditor's Name</p> <p>PO Box 956033 Orlando, FL 32896 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4736</u></p> <p>When was the debt incurred? <u>Opened 04/17 Last Active 09/16</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u></p>	\$676.00
4.4 2	<p>Synchrony Bank/Amazon Nonpriority Creditor's Name</p> <p>Po Box 965015 Orlando, FL 32896 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8303</u></p> <p>When was the debt incurred? <u>Opened 12/14 Last Active 06/16</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u></p>	\$931.00
4.4 3	<p>Synchrony Bank/Walmart Nonpriority Creditor's Name</p> <p>Po Box 965024 Orlando, FL 32896 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5139</u></p> <p>When was the debt incurred? <u>Opened 12/15 Last Active 9/14/17</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u></p>	\$378.00

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

17-35341

4.4 4	Us Dept Ed Nonpriority Creditor's Name Po Box 4222 Iowa City, IA 52244 Number Street City State Zip Code	Last 4 digits of account number 6652	\$3,196.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred?	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Service	

Educational - No Chapter 13 Payment

4.4 5	Verizon Nonpriority Creditor's Name Po Box 650584 Dallas, TX 75265 Number Street City State Zip Code	Last 4 digits of account number 0001	\$1,551.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? Opened 01/13 Last Active 3/03/17	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Service	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Allied Collection Services
3080 South Durango Drive
Suite 208
Las Vegas, NV 89117

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Barclays Bank Delaware
100 S West St
Wilmington, DE 19801

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Capital One
Attn: Bankruptcy
Po Box 30253
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

17-35341

Name and Address

Capital One
Attn: Bankruptcy
Po Box 30253
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Capital One
Attn: Bankruptcy
Po Box 30253
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Cardworks/CW Nexus
Attn: Bankruptcy
Po Box 9201
Old Bethpage, NY 11804

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Credit First National Assoc
Attn: BK Credit Operations
Po Box 81315
Cleveland, OH 44181

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Credit One Bank Na
Po Box 98873
Las Vegas, NV 89193

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

David T. Spruill, Esq
120 Corporate Blvd.
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

ERC/Enhanced Recovery Corp
Attn: Bankruptcy
8014 Bayberry Rd
Jacksonville, FL 32256

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Focused Recovery Solutions
9701-Metropolitan Ct
Ste B
Richmond, VA 23236

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Focused Recovery Solutions
9701-Metropolitan Ct
Ste B
Richmond, VA 23236

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Focused Recovery Solutions
9701-Metropolitan Ct
Ste B
Richmond, VA 23236

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

-
- Part 1: Creditors with Priority Unsecured Claims
-
-
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341****Focused Recovery Solutions**
9701-Metropolitan Ct
Ste B
Richmond, VA 23236Line **4.37** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Focused Recovery Solutions
9701-Metropolitan Ct
Ste B
Richmond, VA 23236

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.38**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Fst Premier
601 S Minneapolis Ave
Sioux Falls, SD 57104

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.19**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Fst Premier
601 S Minneapolis Ave
Sioux Falls, SD 57104

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.20**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Fst Premier
601 S Minneapolis Ave
Sioux Falls, SD 57104

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.21**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Fst Premier
601 S Minneapolis Ave
Sioux Falls, SD 57104

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.22**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Horizon Fin
Attention: BSA & Fraud Department
Po Box 800
Michigan City, IN 46360

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.6**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
I.c. System Inc.
Po Box 64378
Saint Paul, MN 55164

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.17**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
I.c. System Inc.
Po Box 64378
Saint Paul, MN 55164

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.3**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Kohls/Capital One
Kohls Credit
Po Box 3043
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.26**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Kohls/Capital One
Kohls Credit
Po Box 3043
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line
- 4.27**
- of (Check one):
-
- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

17-35341

Name and Address LVNV Funding/Resurgent Capital Po Box 10497 Greenville, SC 29603	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.18 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.41 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Midnight Velvet Swiss Colony/Midnight Velvet 1112 7th Ave Monroe, WI 53566	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.30 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Navient Attn: Bankruptcy Po Box 9500 Wilkes-Barr, PA 18773	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.32 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Navient Attn: Bankruptcy Po Box 9500 Wilkes-Barr, PA 18773	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.33 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Net Credit Financial Po Box 645295 Cincinnati, OH 45264	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.34 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Portfolio Recovery Po Box 41067 Norfolk, VA 23541	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Portfolio Recovery 120 Corporate Blvd Ste 1 Norfolk, VA 23502	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.42 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Professional Account Mgmt PO Box 37038 Washington, DC 20013	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.39 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Shafer Law Firm 2000 Riveredge Pkwy Atlanta, GA 30328	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.40 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Shafer Law Firm 2000 Riveredge Pkwy Atlanta, GA 30328	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.28 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

17-35341

Last 4 digits of account number

Name and Address

Southwest Credit Systems
4120 International Parkway Ste 1100
Carrollton, TX 75007

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Synchrony Bank/Amazon
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Synchrony Bank/Walmart
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Us Dept Ed
Ecmc/Bankruptcy
Po Box 16408
St Paul, MN 55116

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Verizon
Verizon Wireless Bankruptcy
Administrati
500 Tecnolgy Dr Ste 500
Weldon Springs, MO 63304

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00	Total Claim
	6b. Taxes and certain other debts you owe the government	\$ 15,937.16	
	6c. Claims for death or personal injury while you were intoxicated	\$ 0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ 0.00	
	6e. Total Priority. Add lines 6a through 6d.	\$ 15,937.16	
Total claims from Part 2	6f. Student loans	6f. \$ 78,118.00	Total Claim
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ 0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	\$ 0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ 48,775.00	
	6j. Total Nonpriority. Add lines 6f through 6i.	\$ 126,893.00	

Fill in this information to identify your case:

Debtor 1	Keith P. Williams		
	First Name	Middle Name	Last Name
Debtor 2	Jacqueline A. Williams		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	17-35341		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 AT&T P.O. Box 688912 Des Moines, IA 50368-8912	Cell phone contract ASSUME
2.2 National Fitness PO Box 497 Layton, UT 84041	Gym Membership ASSUME

Fill in this information to identify your case:

Debtor 1	Keith P. Williams		
	First Name	Middle Name	Last Name
Debtor 2	Jacqueline A. Williams		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)	<u>17-35341</u>		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Number _____ Street _____
City _____ State _____ ZIP Code _____

3.2

Name _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Number _____ Street _____
City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Keith P. Williams
Debtor 2 (Spouse, if filing)	Jacqueline A. Williams
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA
Case number (if known)	17-35341

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Electronic Technician	Nurse Manager
Employer's name	Athna	Richmond Behavioral Health
Employer's address		107 South 5th Street Richmond, VA 23219

How long employed there? **June 2017**

February 2017

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 3,887.39	\$ 6,999.20
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 3,887.39	\$ 6,999.20

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

17-35341

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 3,887.39	\$ 6,999.20
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 443.34	\$ 1,084.87
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 110.41	\$ 291.01
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>Life Insurance</u>	5h.+ \$ 6.46	+ \$ 34.82
<u>Accident Insurance</u>	\$ 0.00	\$ 38.61
<u>Critical Illness</u>	\$ 0.00	\$ 27.84
<u>Flex Spending Account</u>	\$ 0.00	\$ 130.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 560.21	\$ 1,607.15
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,327.18	\$ 5,392.05
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ 0.00	\$ 0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ 0.00	\$ 0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive	8f. \$ 0.00	\$ 0.00
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify:		
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>State \$1,833</u>	8h.+ \$ 169.42	+ \$ 0.00
<u>Amortized tax refund Fed \$1,171 & State \$2,987</u>	\$ 0.00	\$ 346.50
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 169.42	\$ 346.50
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,496.60	+ \$ 5,738.55 = \$ 9,235.15
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 9,235.15	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: <u>See Schedule J</u>		
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	Keith P. Williams
Debtor 2 (Spouse, if filing)	Jacqueline A. Williams
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA
Case number (If known)	17-35341

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Mother

11/ 1943

No

Yes

No

Yes

No

Yes

Grandson

9/2012

No

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,600.00**

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	100.00
4d. \$	0.00
5. \$	0.00

Debtor 1 **Keith P. Williams**
 Debtor 2 **Jacqueline A. Williams**

Case number (if known) **17-35341**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 350.00
6b. Water, sewer, garbage collection	6b. \$ 125.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 485.00
6d. Other. Specify: Gas \$1,500/year	6d. \$ 125.00
7. Food and housekeeping supplies	7. \$ 773.85
8. Childcare and children's education costs	8. \$ 368.31
9. Clothing, laundry, and dry cleaning	9. \$ 193.00
10. Personal care products and services	10. \$ 120.00
11. Medical and dental expenses	11. \$ 200.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 342.75
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 150.00
14. Charitable contributions and religious donations	14. \$ 1,000.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 365.00
15d. Other insurance. Specify:	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Tax \$1,000	16. \$ 83.33
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: Misc. Expenses	17c. \$ 150.00
17d. Other. Specify: Tolls	17d. \$ 33.91
Vehicle upkeep 2014 & 2016	\$ 40.00
Gym Membership	\$ 80.00
Support of Wife's Elderly mother	\$ 120.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: Money to support elderly mother	19. \$ 200.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. Other: Specify:	21. +\$ 0.00
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ 7,005.15
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 7,005.15
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 7,005.15
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 9,235.15
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 7,005.15
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 2,230.00

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known) **17-35341**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: RNR will be paid off in May 2018

Household size of 5. Debtor's adult son & daughter both live with the Debtors. Their son has a learning disability and is unable to work and daughter has brain damage from an accident. Debtors have custody of their five year old grandson and fully support him. The adult children drive Sentra to school and help with grandson. This allows debtors to work without missing time. Wife's elderly mother is in poor health and a dependent on their tax return.

Fill in this information to identify your case:

Debtor 1	Keith P. Williams		
	First Name	Middle Name	Last Name
Debtor 2	Jacqueline A. Williams		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	<u>17-35341</u>		

Check if this is an amended filing

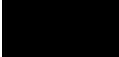
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Keith P. Williams

Keith P. Williams
Signature of Debtor 1

Date November 6, 2017

X /s/ Jacqueline A. Williams

Jacqueline A. Williams
Signature of Debtor 2

Date November 6, 2017

Fill in this information to identify your case:

Debtor 1	Keith P. Williams		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jacqueline A. Williams		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	<u>17-35341</u>		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$33,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$58,631.76

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341**

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$46,794.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$72,699.00
For the calendar year before that: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$43,254.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$40,770.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
--	--	--	---

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Nissan Motor Acceptanc Po Box 660360 Dallas, TX 75266	August \$912 /mo	\$912.00	\$42,292.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

17-35341

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
RNR Wheels	\$121.56 Biweekly	\$800.00	\$1,800.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other Automobile accessories

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Comenity Bank v. Jacqueline Williams GV17014386-00	Warrant in Debt	Henrico General District Court 4301 East Parham Road Henrico, VA 23228	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Pending December 11, 2017

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341**

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Faith Landmark Ministries 8491 Chamberlayne Rd Richmond, VA 23227	\$500 Monthly	1997 - Current	\$0.00

Joyce Meyer Ministries PO Box 655 Festus, MO 63028	\$250 Monthly	\$0.00
--	---------------	--------

Kenneth Copeland Ministries 14355 Morris Dido Rd Newark, TX 76071	\$250 Monthly	\$0.00
---	---------------	--------

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341****Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address Email or website address Person Who Made the Payment, if Not You North Law Bar# 29672 5913 Harbour Park Drive Midlothian, VA 23112 www.pianorth.com	\$800 = \$420 costs + \$380 applied to atty fee Total: \$420 = USB Filing fee \$310// Abacus Credit Counseling \$25/ Sage Debtor Education \$15/ CIN Credit Report \$70	October 2016	\$800.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address Person's relationship to you None			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341****Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

Debtor 1 **Keith P. Williams**
 Debtor 2 **Jacqueline A. Williams**

Case number (if known) **17-35341**

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Keith P. Williams
 Keith P. Williams
 Signature of Debtor 1

Date November 6, 2017

/s/ Jacqueline A. Williams
 Jacqueline A. Williams
 Signature of Debtor 2

Date November 6, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (*if known*) **17-35341**

United States Bankruptcy Court**Eastern District of Virginia**In re **Keith P. Williams
Jacqueline A. Williams**

Debtor(s)

Case No. **17-35341**
Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
IN A CHAPTER 13 CASE
(for use in the Richmond Division only)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 5,151.00
Prior to the filing of this statement I have received	\$ 380.00
Balance Due	\$ 4,771.00

2. The source of the compensation paid to me was:

Debtor Other (*specify*)

3. The source of compensation to be paid to me is:

Debtor Other (*specify*)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, as required by Local Bankruptcy Rule 2016-1(C)(3).

6. I am electing to request compensation and reimbursement of expenses in this case:

a. In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a).

b. By submitting applications for compensation in the manner set forth in Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

An attorney for the debtor that fails to make the election to request compensation pursuant to Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) at the commencement of the case will be deemed to have elected to request compensation in the manner set forth within Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

CERTIFICATION

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 6, 2017

Date

/s/ Pia J. North

Pia J. North 29672

Signature of Attorney

North Law Bar# 29672

Name of Law Firm

5913 Harbour Park Drive

Midlothian, VA 23112

(804) 739-3700 Fax: (804) 739-2550

**NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE
PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

November 6, 2017

Date

/s/ Pia J. North

Pia J. North 29672

Signature of Attorney

Fill in this information to identify your case:

Debtor 1	Keith P. Williams
Debtor 2	Jacqueline A. Williams
(Spouse, if filing)	
United States Bankruptcy Court for the:	Eastern District of Virginia
Case number (if known)	17-35341

Check as directed in lines 17 and 21:

- According to the calculations required by this Statement:
- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
 - 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
 - 3. The commitment period is 3 years.
 - 4. The commitment period is 5 years.
- Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,389.67	\$ 6,999.20
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00

Debtor 1
Debtor 2
Keith P. Williams
Jacqueline A. Williams

Case number (if known)

17-35341**7. Interest, dividends, and royalties****8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
 For your spouse \$ **0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.\$ **0.00** \$ **0.00****10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
	+ \$ 0.00	\$ 0.00

Total amounts from separate pages, if any.

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 4,389.67	+ \$ 6,999.20	= \$ 11,388.87
--------------------	----------------------	-----------------------

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income**12. Copy your total average monthly income from line 11.** \$ **11,388.87****13. Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.
 You are married and your spouse is filing with you. Fill in 0 below.
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

	\$ _____
	\$ _____
	+ \$ _____
Total \$ 0.00	Copy here=> - 0.00

14. Your current monthly income. Subtract line 13 from line 12.\$ **11,388.87****15. Calculate your current monthly income for the year.** Follow these steps:15a. Copy line 14 here=> \$ **11,388.87**

Multiply line 15a by 12 (the number of months in a year).

x 1215b. The result is your current monthly income for the year for this part of the form. \$ **136,666.44**

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

17-35341

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

VA

16b. Fill in the number of people in your household.

5

16c. Fill in the median family income for your state and size of household.

\$ **106,131.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. **Copy your total average monthly income from line 11 .** \$ **11,388.87**

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**

19b. **Subtract line 19a from line 18.**

\$ **11,388.87**

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ **11,388.87**

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ **136,666.44**

20c. Copy the median family income for your state and size of household from line 16c

\$ **106,131.00**

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Keith P. Williams

Keith P. Williams
Signature of Debtor 1

Date **November 6, 2017**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

X /s/ Jacqueline A. Williams

Jacqueline A. Williams
Signature of Debtor 2

Date **November 6, 2017**

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Keith P. Williams</u>
Debtor 2	<u>Jacqueline A. Williams</u> (Spouse, if filing)
United States Bankruptcy Court for the:	<u>Eastern District of Virginia</u>
Case number	<u>17-35341</u> (if known)

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

5

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

- | | | |
|---|----|-----------------|
| 6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. | \$ | <u>1,975.00</u> |
| 7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22. | | |

Debtor 1
Debtor 2
Keith P. Williams
Jacqueline A. Williams

Case number (if known)

17-35341**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ 49
 7b. Number of people who are under 65 X 5
 7c. **Subtotal.** Multiply line 7a by line 7b. \$ 245.00 Copy here=> \$ 245.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 117
 7e. Number of people who are 65 or older X 0
 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. **Total.** Add line 7c and line 7f \$ 245.00 Copy total here=> \$ 245.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ Housing and utilities - Insurance and operating expenses**■ Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 664.00

9. Housing and utilities - Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,469.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor**Average monthly payment****Specialized Loan Servicing**\$ 1,545.86

9b. Total average monthly payment \$ 1,545.86

Copy here=> -\$ 1,545.86 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 0.00 Copy here=> \$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: _____

Debtor 1
Debtor 2Keith P. Williams
Jacqueline A. Williams

Case number (if known)

17-35341

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

0. Go to line 14.

1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **430.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2007 Ford Mustang GT 60,000 miles

13a. Ownership or leasing costs using IRS Local Standard..... \$ **485.00**

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
Andrews Federal Credit Union	\$ 248.47
Total Average Monthly Payment	\$ 248.47

Copy here => - \$ **248.47** Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. if this number is less than \$0, enter \$0.

\$ 236.53	Copy net Vehicle 1 expense here => \$ 236.53
------------------	---

Vehicle 2 Describe Vehicle 2: 2014 Nissan Sentra 95,000 miles

13d. Ownership or leasing costs using IRS Local Standard..... \$ **485.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
Exeter Finance Corp	\$ 319.25
Total average monthly payment	\$ 319.25

Copy here => - \$ **319.25** Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.

\$ 165.75	Copy net Vehicle 2 expense here => \$ 165.75
------------------	---

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation expense allowance regardless of whether you use public transportation.* \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation.* \$ **0.00**

Debtor 1
Debtor 2
Keith P. Williams
Jacqueline A. Williams

Case number (if known)

17-35341

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ **1,527.07**
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ **0.00**
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ **39.11**
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ **0.00**
20. **Education:** The total monthly amount that you pay for education that is either required:
 as a condition for your job, or
 for your physically or mentally challenged dependent child if no public education is available for similar services. \$ **5.83**
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ **368.05**
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ **0.00**
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ **0.00**
24. **Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23. \$ **5,656.34**

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ **401.42**Disability insurance \$ **66.45**Health savings account + \$ **130.00**Total \$ **597.87** Copy total here=> \$ **597.87**

Do you actually spend this total amount?

 No. How much do you actually spend? Yes \$ _____

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ **200.00**

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential. \$ **0.00**

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**Case number (if known) **17-35341**

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ **0.00**

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ **0.00**

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ **0.00**

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

\$ **1,000.00**

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ **1,797.87**

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

33a. Copy line 9b here => \$ **1,545.86**

Loans on your first two vehicles

33b. Copy line 13b here => \$ **248.47**

33c. Copy line 13e here => \$ **319.25**

- 33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	Average monthly payment
Nissan Motor Acceptanc	2016 Nissan Pathfinder 35,000 miles Adequate protection	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 802.96
RNR Tires & Wheels	Wheels & Tires	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 30.56
33e Total average monthly payment. Add lines 33a through 33d	\$ 2,947.10	+\$ Copy total here=>	\$ 2,947.10

Debtor 1
Debtor 2Keith P. Williams
Jacqueline A. Williams

Case number (if known)

17-35341

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- No. Go to line 35.
- Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
Specialized Loan Servicing	443 Hanover Road Sandston, VA 23150 Henrico	\$ 7,612.16	÷ 60 = \$ 126.87
		\$ _____	÷ 60 = \$ _____
		\$ _____	÷ 60 = +\$ _____
		Total \$ 126.87	Copy total here=> \$ 126.87

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- No. Go to line 36.
- Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 15,937.16 ÷ 60 \$ 265.62
\$ 2,200.00

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

X 10.00

\$ 220.00	Copy total here=> \$ 220.00
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37. Add all of the deductions for debt payment.

Add lines 33e through 36.

Total Deductions from Income**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances

\$ 5,656.34

Copy line 32, All of the additional expense deductions

\$ 1,797.87

Copy line 37, All of the deductions for debt payment

+\$ 3,559.59

Total deductions.....

\$ 11,013.80

Copy total here=> \$ 11,013.80

Debtor 1
Debtor 2
Keith P. Williams
Jacqueline A. Williams

Case number (if known)

17-35341**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. Copy your total current monthly income from line 14 of Form 122C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period*. \$ **11,388.87**
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ **11,013.80**
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances **Amount of expense**

Husband: Decrease in income from change of employment	\$ 502.28
---	------------------

6 Month income from old and new income: \$4,389.67	\$
--	----

Husband new salary \$3,887.39 = \$502.28	\$
--	----

Total	\$ 502.28	Copy here=> \$ 502.28
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44. Total adjustments. Add lines 40 through 43. => \$ **11,516.08** Copy here=> -\$ **11,516.08**

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ **-127.21**

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$

Debtor 1
Debtor 2

Keith P. Williams
Jacqueline A. Williams

Case number (*if known*)

17-35341

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Keith P. Williams

Keith P. Williams

Signature of Debtor 1

Date **November 6, 2017**

MM / DD / YYYY

X /s/ Jacqueline A. Williams

Jacqueline A. Williams

Signature of Debtor 2

Date **November 6, 2017**

MM / DD / YYYY

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known)

17-35341

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **04/01/2017** to **09/30/2017**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Deltek**

Income by Month:

6 Months Ago:	04/2017	\$0.00
5 Months Ago:	05/2017	\$0.00
4 Months Ago:	06/2017	\$3,949.58
3 Months Ago:	07/2017	\$3,588.36
2 Months Ago:	08/2017	\$3,028.61
Last Month:	09/2017	\$5,382.54
Average per month:		\$2,658.18

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Katmai - NO LONGER EMPLOYED 6/17**

Year-to-Date Income:

Starting Year-to-Date Income: **\$13,075.76** from check dated **3/31/2017**.

Ending Year-to-Date Income: **\$23,464.72** from check dated **6/09/2017**.

Income for six-month period (Ending-Starting): **\$10,388.96**.

Average Monthly Income: **\$1,731.49**.

Debtor 1 **Keith P. Williams**
Debtor 2 **Jacqueline A. Williams**

Case number (if known) **17-35341**

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **04/01/2017** to **09/30/2017**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Richmond Behavioral Health**

Year-to-Date Income:

Starting Year-to-Date Income: \$10,175.76 from check dated 3/31/2017.

Ending Year-to-Date Income: \$52,170.96 from check dated 9/30/2017.

Income for six-month period (Ending-Starting): \$41,995.20.

Average Monthly Income: \$6,999.20.

Certegy Check Services, Inc.
11601 Roosevelt Blvd.
Saint Petersburg, FL 33716

Andrews Federal Credit Union
5711 Allentown Rd
Suitland, MD 20746

Capital One
Attn: Bankruptcy
Po Box 30253
Salt Lake City, UT 84130

ChexSystems
Attn: Consumer Relations
7805 Hudson Rd., Suite 100
Saint Paul, MN 55125

Andrews Federal Credit Union
Andrews Federal Credit Union
Po Box 3000
Clinton, MD 20735

Cardworks/CW Nexus
Po Box 9201
Old Bethpage, NY 11804

Equifax Check Services
Post Office Box 30272
Tampa, FL 33630-3272

AT&T Mobility
PO Box 6463
Carol Stream, IL 60197

Cardworks/CW Nexus
Attn: Bankruptcy
Po Box 9201
Old Bethpage, NY 11804

Experian
Dispute Department
P.O. Box 4500
Allen, TX 75013

Banfield Pet Hospital
Attn: Billing & Collections
PO Box 13998
Portland, OR 97213

Caudle & Caudle PC
3123 W Broad St
Richmond, VA 23230

Commonwealth of VA-Tax
P.O. Box 2156
Richmond, VA 23218-2156

Barclays Bank Delaware
Po Box 8803
Wilmington, DE 19899

CJW Medical Center
P. O. Box 99400
Louisville, KY 40269

Internal Revenue Service
Centralized Insolvency Unit
P O Box 7346
Philadelphia, PA 19101-7346

Barclays Bank Delaware
100 S West St
Wilmington, DE 19801

Comcast
5401 Staples Mill Road
Richmond, VA 23228

Equifax Information Services
PO Box 740241
Atlanta, GA 30374

Bon Secours
P.O. Box 28538
Richmond, VA 23228

Comenity Capital Bank
PO Box 182025
Columbus, OH 43218

TransUnion Consumer Relations
2 Baldwin Place
PO Box 1000
Chester, PA 19022

Bon Secours
Richmond Health System
PO Box 11302
Richmond, VA 23230

Credit First National Assoc
6275 Eastland Rd
Brookpark, OH 44142

Affirm Inc
633 Folsom St Fl 7
San Francisco, CA 94107

Capital One
Po Box 30253
Salt Lake City, UT 84130

Credit First National Assoc
Attn: BK Credit Operations
Po Box 81315
Cleveland, OH 44181

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193	Gentle Breeze Loans P.O. Box 1120 Boulevard, CA 91905	Memorial Regional Med Center P.O. Box 409438 Atlanta, GA 30384-9438
David T. Spruill, Esq 120 Corporate Blvd. Norfolk, VA 23502	Ginnys/Swiss Colony Inc 1112 7th Ave Monroe, WI 53566	Mid America Bk/total C 5109 S Broadband Ln Sioux Falls, SD 57108
DIRECTV P.O. Box 11732 Newark, NJ 07101	Glenside Medical Associates 4000-A Glenside Drive Richmond, VA 23228	Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193
ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Rd Jacksonville, FL 32256	Horizon Fin Attention: BSA & Fraud Department Po Box 800 Michigan City, IN 46360	Midnight Velvet 1112 7th Ave Monroe, WI 53566
Exeter Finance Corp Po Box 166097 Irving, TX 75016	Household Finance Corp. of VA PO Box 4153 Carol Stream, IL 60197-4153	Midnight Velvet Swiss Colony/Midnight Velvet 1112 7th Ave Monroe, WI 53566
Exeter Finance Corp Po Box 166008 Irving, TX 75016	Household Finance Corp. of VA CT Corporation System 4701 Cox Road, Suite 285 Glen Allen, VA 23060	Mohela/Dept of Ed 633 Spirit Dr Chesterfield, MO 63005
Fingerhut 6250 Ridgewood Rd Saint Cloud, MN 56303	I.c. System Inc. Po Box 64378 Saint Paul, MN 55164	Navient Po Box 9500 Wilkes Barre, PA 18773
Focused Recovery Solutions 9701-Metropolitan Ct Ste B Richmond, VA 23236	Kohls/Capital One N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	Navient Attn: Bankruptcy Po Box 9500 Wilkes-Barr, PA 18773
Fst Premier 601 S Minnesota Ave Sioux Falls, SD 57104	Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201	Net Credit Financial 200 W Jackson Blvd Ste 2 Chicago, IL 60606

Po Box 645295
Cincinnati, OH 45264

RNR Tires & Wheels
7601 W Broad St
Henrico, VA 23294

Synchrony Bank/Walmart
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Nissan Motor Acceptanc
Po Box 660360
Dallas, TX 75266

Shafer Law Firm
2000 Riveredge Pkwy
Atlanta, GA 30328

Us Dept Ed
Po Box 4222
Iowa City, IA 52244

Portfolio Recovery
Po Box 41067
Norfolk, VA 23541

Southside Regional Med Center
Attention: Bankruptcy Dept.
PO Box 501128
Saint Louis, MO 63150

Us Dept Ed
Ecmc/Bankruptcy
Po Box 16408
St Paul, MN 55116

Portfolio Recovery
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Southwest Credit Systems
4120 International Parkway Ste 1100
Carrollton, TX 75007

Verizon
Po Box 650584
Dallas, TX 75265

Professional Account Mgmt
PO Box 37038
Washington, DC 20013

Specialized Loan Servicing
8742 Lucent Blvd Ste 300
Littleton, CO 80129

Verizon
Verizon Wireless Bankruptcy Admini
500 Tecnolgy Dr Ste 500
Weldon Springs, MO 63304

Rep/build
Po Box 9203
Old Bethpage, NY 11804

St Mary's Hospital
P.O. Box 1838
Columbus, OH 43216

Richmond Cardiology Assoc, Inc
Mark A. Fleckenstein, Reg Agen
311 South Boulevard
Richmond, VA 23220

Synchrony Bank
PO Box 956033
Orlando, FL 32896

Richmond Cardiology Assoc.
8243 Meadowbridge Rd
Mechanicsville, VA 23116

Synchrony Bank/Amazon
Po Box 965015
Orlando, FL 32896

Richmond Gastroenterology Asso
5875 Brevo Rd #601
Richmond, VA 23226

Synchrony Bank/Amazon
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Richmond Gastroenterology Asso
107 Wadsworth Drive
Richmond, VA 23236-4521

Synchrony Bank/Walmart
Po Box 965024
Orlando, FL 32896